GENERAL PROTOCOL

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WHAT IS CHILD ABUSE?

Manitoba's **Child and Family Services Act** defines "abuse" as an act or omission by a parent, guardian or person in whose care a child is which results in:

i) physical injury to the child,
ii) emotional disability of a permanent nature in the child or is likely to result in such a disability, or
iii) sexual exploitation of the child with or without the child's consent.

Sexual abuse, occurring with or without the child's consent, can involve sexual molestation, sexual assault, child pornography and child prostitution. It is not restricted to incest. Any injury inflicted on a child, be it the result of too harsh discipline or direct attack, should be regarded as child abuse.

Similarly, neglect should be viewed as a form of abuse if children are not being given a safe nuturing environment. While there is no readily acknowledged definition of neglect used in Manitoba, the **Child and Family Services Act** does define children in need of protection, which includes children without adequate care, supervision or control.

Meanwhile, Manitoba has implemented guidelines on identifying and reporting child abuse, which define physical, sexual and emotional abuse.

Physical Abuse

"Physical abuse" means an act or omission by the parent, guardian or person in whose care a child is, which act or omission results in harm to the child. It includes, but is not necessarily restricted to: physical beating and failure to provide reasonable protection for the child from physical harm.

Sexual Abuse

"Sexual abuse" means any exploitation of a child, whether consensual or not, for the sexual gratification of a parent or person in whose care a child is and includes, but is not necessarily restricted to: sexual molestation, sexual assault and the exploitation of the child for purposes of pornography or prostitution.

Sexual abuse includes "incest". Incest is a crime under the **Criminal Code of Canada.** Therefore, the involvement and participation of the local police force are essential in all child sexual abuse investigations.

Sexual activity between children may constitute sexual abuse if the differences in ages of the children are so significant that the older is clearly taking sexual advantage of the younger.

Emotional Abuse

"Emotional abuse" means acts or omissions on the part of the parent or the person in whose care a child is, which acts or omissions include but are not restricted to:

(a) any unwillingness or inability to provide appropriate care, control, affection or stimulation for a child;
(b) making inappropriate demands upon a child;
(c) exposing a child to frequent family violence tending to produce permanent or long-term emotional disability, including:

i) non-organic failure to thrive;
ii) developmental retardation;
iii) serious anxiety, depression or withdrawal;
iv) serious behavioral disturbances.

Emotional abuse remains a major concern, but does not require police intervention. Nevertheless, a multidisciplinary team approach may be essential in certain emotional abuse cases.

WHO ARE CHILD ABUSERS?

There is nothing specifically to distinguish a child abuser from anyone else. Abusers can be male or female and can include persons from all socio-economic, cultural and religious groups. Given that child abuse cuts across such a wide segment of society, it is often difficult to identify those who abuse and those who have a potential to abuse their children, or someone else's child.

However, some indicators can signal the potential for abuse.

Adults who were abused as children or who came from abusive homes run a greater risk of becoming abusers.

There also is evidence that, in some cases, a breakdown in the parent-child relationship can help to indicate an abusing parent. This can involve having unrealistic expectations of a child and verbally attacking a child who does not live up to the parent's expectations.

In most cases abusers are repeating their own childhood experiences.

Also, it is being recognized more and more that those who sexually abuse or molest children suffer from serious behavioral disorders, which will lead to repeated abuse.

WHAT ARE SOME TYPICAL REACTIONS AND ATTITUDES OF PARENTS IN HEALTHY PARENT-CHILD RELATIONSHIPS?

- Parents speak easily and spontaneously in reporting details of a child's illness or injury.
- Show genuine concern about the degree of injury.
- Show concern about the treatment.
- Show concern about the possibility of residual damage.
- Exhibit a sense of guilt. The younger the child, the more guilt the parents feel for not providing protection. Guilt and remorse are felt even when the parents have had no part in the child's injury.
- Ask many questions regarding the prognosis of the child's condition.
- Have difficulty in detaching themselves from the child on admission to the hospital.
- Visit their children in hospital frequently and stay long with them; bring toys and gifts; want to be informed of the child's progress, discharge date, follow-up care.
- Identify with the child's feelings, both physically and emotional, when he/she is injured.
- Show warmth and relate positively to the child.

WHAT ARE SOME TYPICAL REACTIONS OF CHILDREN IN HEALTHY PARENT-CHILD RELATIONSHIPS?

- Will seem close to parent(s).
- Seem confident, self-assured in parent-child relationship.
- Look to parents for comfort/solace when hurt/injured.
- Are able to relate feelings without fear of reprisal.
- Have a basic acceptance/understanding of standards in family expectations and age-appropriate responsibilities in family household.
- Will show normal signs of growth and development for their age group.

CAN ABUSE BE EASILY RECOGNIZED?

If it were easy to spot actual or potential abuse, it would be possible to put an end to child abuse. However, because of the nature of the problem, abuse often goes undetected. Parents may deny, or attempt to justify, their abusive behavior. Similarly, some children will try to normalize the abuse in the hope that, if they don't admit to the problem, they can keep the family intact.

Justifying, denying and normalizing abuse only tend to prepetuate the problem.

What society needs to do is reach out to victims, making victims understand that abuse is not normal and that help is available.

As a society, we all have to take greater responsibility in watching out for children, particularly the very young who are most vulnerable and can't speak out for themselves.

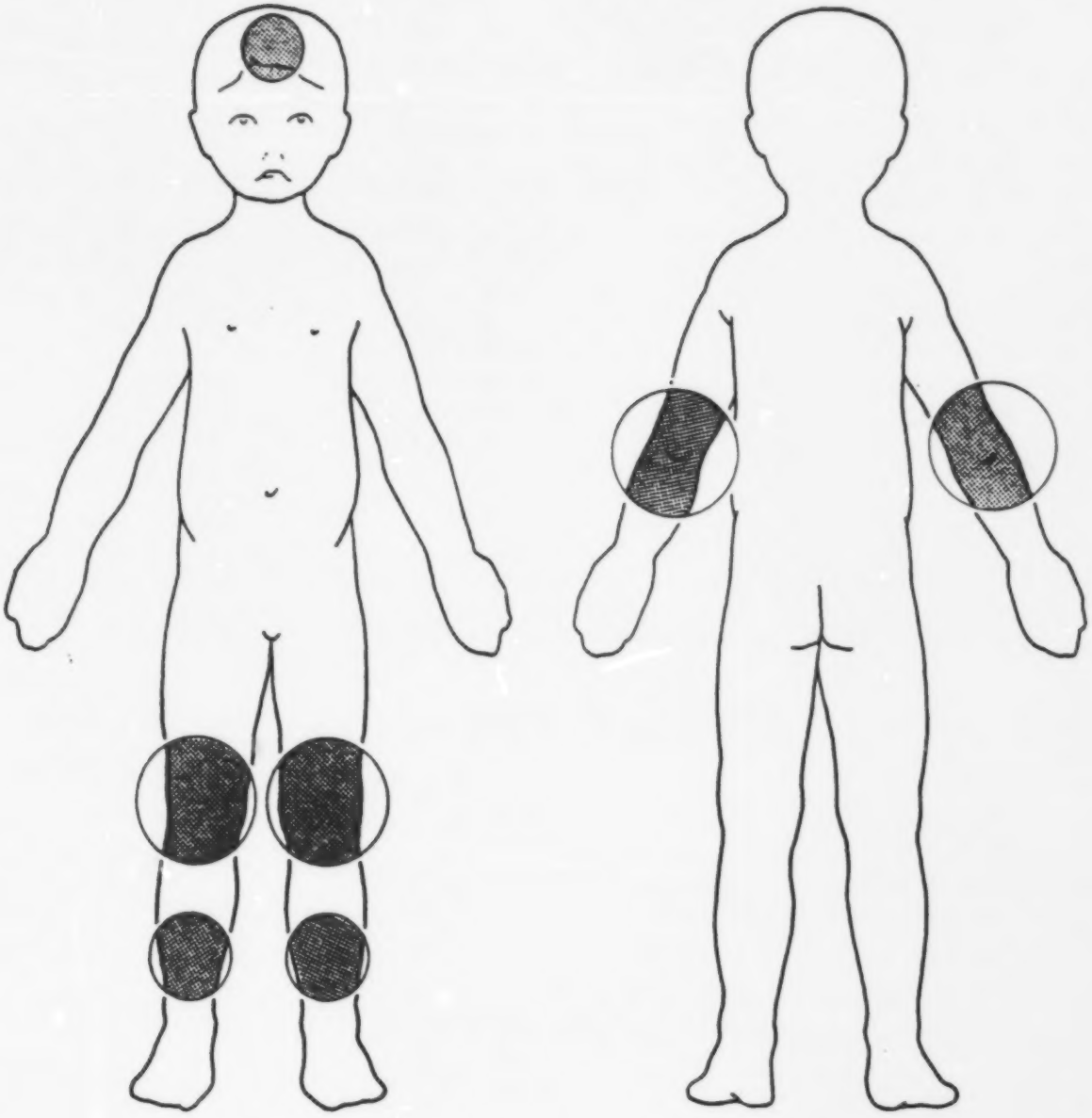
On the following pages are some of the indicators for parents/guardians and children that can signal the presence of abuse or the potential for abuse.

ABUSE INDICATORS IN CHILDREN

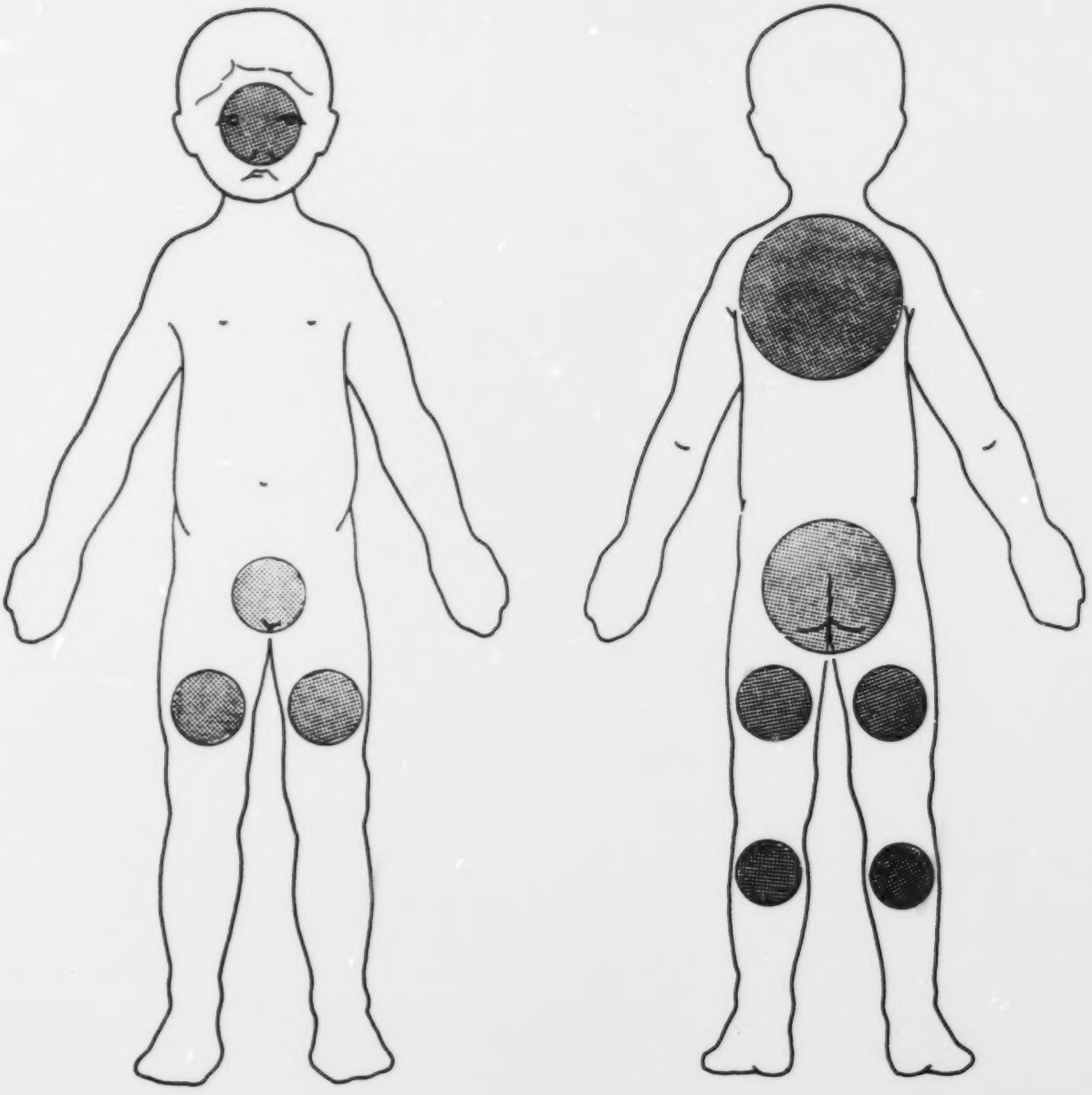
Physical Abuse
(Usually occur in clusters)

Physical Indicators	Behavioral Indicators
Unexplained: • bruises, welts, lacerations or abrasions **Location:** • face, lips, gums, mouth, eyes • torso, back, buttocks, back of legs • external genitalia **Shape:** • clustered, forming regular patterns, teeth marks, handprints • same as article used to inflict injury (e.g. cord, belt buckle) **Unexplained burns:** • small circular burns, particularly on soles of feet, palms of hands, back of buttocks • immersion burns – clear line of demarcation evident • rope burns on arms, legs, neck or torso • patterned burns indicating a hot object, e.g. stove element on buttocks **Unexplained fractures/dislocations:** • skull, facial bones • spinal fractures • dislocations, particularly of shoulders or hips • multiple fractures in various stages of healing Note: In children, particularly two years of age and under, fractures and dislocations usually result from blows, throws or other forceful action or from severe shaking. **Other forms:** • ingestions • bald patches on scalp • subdural hematomas in children under two years • retinal hemorrhages **Health Indicators:** • malnutrition • eating disorder	• Runaway behavior • Very wary of adults • Speaks in monosyllables • Vacant stare or frozen watchfulness • Withstands examination and painful procedures with little movement and/or crying • Does not turn to parent for support • Child believes he/she was bad and deserves to be punished by parent • Constantly trying to please the parents and assessing parental reaction to statements • Role-reversal; child trying to take care of parent • Behavior extremes: aggressiveness or withdrawal • Afraid to go home • Does not participate in gym with no apparent reason • Inappropriately dressed (e.g. long pants and long-sleeved shirts in summer) to hide bruises • Indiscriminately seeks affection • Inappropriate or precocious maturity

AREAS ASSOCIATED WITH NORMAL PHYSICAL INJURIES



AREAS ASSOCIATED WITH SUSPICIOUS PHYSICAL INJURIES



ABUSE INDICATORS IN CHILDREN

Sexual Abuse

(Usually occur in clusters)

Physical Indicators	Behavioral Indicators
• difficulty in walking or sitting • pain, swelling or itching in the genital area • bruises, bleeding or lacerations of the external genitalia, vaginal or anal areas • pregnancy, especially in early teen years • pain during urination • vaginal/penile discharge • sexually transmitted disease (STD), especially in preadolescents • recurrent vaginal infections in a child under 12 years of age • constant sore throat of unknown origin	A. **Reactions similar to those precipitated by any other severe stress including:** • regressive behavior in younger children, e.g. bed-wetting, thumb-sucking • sudden fears or phobias, e.g. of the dark, men, particular setting or situations • running away from home • abuse of drugs or alcohol • noticeable personality changes, e.g. depression, anger, hostility, aggression • change in school performance • suicidal thoughts or attempts • self-mutilation B. **Reactions directly related to sexual abuse including:** • provocative drawings of sexual nature • age-inappropriate sexual play • bizarre, sophisticated or unusual sexual behavior or knowledge • overtly seductive behavior or aversion to intimacy with adults of the opposite sex • promiscuity • withdrawal from peers • extreme mistrust • prostitution • states that he/she is being sexually assaulted • may feel it is his/her fault • confusion about sexual identity, norms, love, caregetting/caregiving C. **Other reactions may include:** • child may state relationship with mother is poor; may be very angry because mother does not protect him/her • children assume inappropriate parenting and household responsibilities

ABUSE INDICATORS IN CHILDREN

Neglect

(Usually occur in clusters)

Physical Indicators	Behavioral Indicators
• underweight, poor growth pattern, failure to thrive, constant hunger • poor physical hygiene – severe diaper rash, skin rashes, dirty hair and face, persistent body odor • unattended needs, e.g. glasses, dental work, untreated injuries • consistent lack of supervision or abandonment • fatigue, listlessness, lethargy	• infants may be dull and inactive • children may be pale, listless, thin, unkempt • children may beg or steal food • frequent absence from school, or arriving at school very early and leaving very late • inappropriate clothing for the weather, clothing may be dirty • constant squinting at the board • complaining of aching teeth • states there is no one to look after him/her • role reversal • engaging in delinquent acts and/or abuse of alcohol or street drugs

ABUSE INDICATORS IN CHILDREN

Emotional Abuse

(Usually occur in clusters)

Physical Indicators	Behavioral Indicators
• speech disorder • failure to thrive with no organic cause • sleep disorders • presence of psychosomatic complaints, e.g. headache, nausea, abdominal pain • involuntary twitching of muscles, especially on face	• mental or emotional developmental lag apparent • hyperactive/disruptive behaviors • behavior extremes, e.g. withdrawn, aggressive and demanding • overly adaptive behavior, e.g. too well-mannered • inhibition of play • unusually fearful of consequences of actions, which often leads to lying • threatened or attempted suicide • in play demonstrates emotional unattachment to dolls or children • states no one cares about him/her, that he/she is no good and can't succeed • compulsively clean and neat

ABUSE INDICATORS IN PARENTS/CAREGIVERS

The following indicators, while not being conclusive evidence that abuse is occurring, can be signals from a parent/caregiver of abuse or potential abuse.

Physical Abuse - Potential Indicators
(Usually occur in clusters)

- explanation does not fit the injury, is inconsistent, absent or denied
- may blame the child because he/she is bad, overactive or defiant
- parent's reaction to the injury is inappropriate, e.g. very upset over a relatively minor injury or unconcerned over a serious one
- unaware of normal developmental stages of children
- view the child as capable of meeting own needs
- describe their own childhood as unhappy or abusive
- express feelings of isolation, both as an individual and a parent; have no identifiable support systems
- parent does not support the child physically or verbally, e.g. no eye contact, touching
- lengthy time interval between occurrence of the injury and seeking medical attention
- routinely use harsh, unreasonable discipline
- demonstrate poor impulse control when questioned about how they handle anger
- abuse of alcohol or drugs
- have suffered abuse of violence as children
- be mentally ill/suffer from some other disorder
- lack of food, shelter, clothing, cleanliness, safety and supervision
- abuse of alcohol, drugs and/or prescription drugs
- evidence of inter-spousal abuse and domestic violence
- transient lifestyle, frequent moves and mobility.

ABUSE INDICATORS IN PARENTS/CAREGIVERS

Sexual Abuse - Potential Indicators
(Usually occur in clusters)

Father/Stepfather/Other Significant Relative

- rigid in his perception of his role within the family
- sees himself as a good parent
- when confronted with his behavior, often rationalizes it as being educational and pleasurable for the child
- may admit guilt and be remorseful, but unable to change
- describes an unsatisfactory sexual and emotional relationship with his wife; may be divorced, or his wife may be dead or disabled
- lacks social and emotional contacts outside the family
- family roles are blurred, chaotic and enmeshed
- often the dominant member in the family
- pays special attention to the child victim, usually increasing sibling rivalry
- protective and jealous of the child victim, limiting his/her contacts outside the family
- inappropriate sleeping arrangements
- lack of proper care and supervision

Mother/Stepmother/Other Significant Relative

- usually states relationship with her husband is poor
- may not see herself as an integral part of the family
- may want the behavior to stop, but will not risk exposing it
- may blame the child for the relationship
- may be aware of the incestuous relationship
- may have terminated sexual relations with partner
- often passive and emotionally and financially dependent on her husband/partner
- frequently was involved in an incestuous relationship in her own childhood
- frequently was poorly reared as a child, and has never learned how to protect herself and her children

ABUSE INDICATORS IN PARENTS/CAREGIVERS

Neglect – Potential Indicators
(Usually occur in clusters)

- externalize blame for the situation
- describe a chaotic home life
- show lack of understanding of needs of children, e.g. food, supervision
- may be mentally handicapped or have a low I.Q.
- have little motivation or skill to effect changes in their lives
- are often passive, socially isolated individuals who have not experienced success
- unable to postpone immediate gratification for long term organization
- describe inappropriate parenting in their childhood
- often maltreated or neglected as children

OTHER INDICATORS

- provide unsafe, uncleaned and/or crowded living conditions and inappropriate sleeping arrangements
- lack of food, shelter, clothing, cleanliness, safety
- offer little or no supervision
- children born to teenage parents
- have children born close together
- often socially isolated with limited knowledge of/or access to supports and resources
- often live in marginal economic circumstances
- experience marital instability
- have history of inter-spousal violence
- frequent moves and mobility
- abuse of alcohol, drugs or prescription drugs

ABUSE INDICATORS IN PARENTS/CAREGIVERS

Emotional Abuse – Potential Indicators
(Usually occur in clusters)

- deny the problem or blame the child for it
- appear unconcerned about the child's welfare
- refuse all offers of help
- discrepancy between verbal and nonverbal communication to the child
- state child is inadequate, compared with others in the family
- demonstrate poor impulse control, overcontrolling and/or combination of the two extremes
- use predominantly negative comments to and about the child
- have trouble developing normal, healthy relationships with others
- react immaturely to most situations

HOW WIDESPREAD AND HOW SERIOUS IS THE PROBLEM?

In the last 10 years, the number of reported cases of child abuse has increased dramatically.

In Manitoba alone, the number of reported cases has increased each year since 1979, when the government began increasing its emphasis on reporting child abuse cases. In the meantime, studies like the Badgley Report[1] released in 1984 found that, in Canada, 1 in 2 females and 1 in 3 males are victims of one or more unwanted sexual acts.

What these statistics reveal is that the problem of child abuse has been allowed until very recently to go on virtually unnoticed.

[1] Sexual Offences Against Children: Volume 1, Report of the Committee on Sexual Offences Against Children, Canadian Goverment Publishing Centre, Ottawa 1984

WHY TREATMENT AND JUDICIAL INTERVENTION ARE NEEDED?

For the abused child, some form of treatment will be necessary to help the child regain a sense of himself or herself.

Through counselling and therapy, or a combination of both, victims need to be assisted in working through the pain and suffering they are feeling, and to ensure that they are not permanently scarred from the abuse they have suffered.

A comprehensive treatment approach is of critical importance for the whole family. For example, treatment can help abusers to assume full responsibility for their abusive behavior and to change or control the negative behavior that may have precipitated the abuse.

This is seen as the most constructive and humanitarian means of dealing with abusers, who may be caught in a web of tragic forces – unemployment, poverty, family break-up – over which they have little control.

Those who sexually abuse children, or whose physical abuse or neglect of a child results in serious injury or death, will be subject to the full force of the law.

Child abuse is a crime. It remains one of society's most abhorrent crimes because it is committed against children, who are unable to defend themselves.

Laws within our judicial system are designed to protect the rights of abused children and serve as a deterrent to abuse. Changes being proposed to the Criminal Code are expected to make the law even tougher on child abusers.

WHY THE NEED FOR TREATMENT?

Treatment is necessary to stop abuse.

Abuse, if left unchecked, will continue to grow. The intergenerational nature of abuse will allow the problem to expand and be repeated and perpetuated if not treated. As a society, we believe there are certain qualities of life that children have a right to expect. These include the right to a safe and nurturing environment. Effective treatment, therefore, is regarded as protection for the next generation.

Abuse of children is so hard to imagine that it may be difficult for many to believe what they are hearing.

Treatment helps to address the issues. It attempts to get at what kids are really feeling. "No one can help me." "No one can really believe me." "No one can understand the pain."

A multidisciplinary approach, using medical personnel, social workers and child and family services workers, attempts to set some parameters to help victims get over their feelings of helplessness. Treatment can include counselling, either individually or in a group, and referral to self-help groups. Steps are also taken to stabilize the victim's home environment. Parent support workers or homemakers may be called in to help. In many cases, the abuser will be removed from the home and the child allowed to remain. However, in some cases an emergency placement of the child may be necessary.

WHY THE NEED FOR PREVENTIVE SERVICES?

Putting into place a range of services that work towards preventing child abuse is our best line of defence against child abuse.

Otherwise, the expense to families, children and, ultimately, to our society will be far too high.

If children are not prevented from becoming victims, they in turn run a greater risk of growing up to be abusers.

Abusing a child isn't something that most parents consciously set out to do. Therefore, if efforts to help families are increased, parents stand a better chance of turning their lives around. Treatment will mean helping parents to look past their own needs and assume greater responsibility for their children.

Also, once many abusing parents can come to grips with the deprivation and insecurity they experienced in their own lives, they can begin to develop sound parenting skills needed to raise their own children.

WHO TO TELL

If you have reason to suspect a child is abused or at risk, you must report it at once to the child and family services agency in your area. In some cases, it may be easier to report such information to the local police or medical hospital child abuse unit.

You will not be liable and your name will remain confidential. If you are a professional, you have a responsibility as a professional to report suspected abuse. Professionals who do not report child abuse will be held liable under the law.

WHAT HAPPENS WHEN SUSPECTED/ALLEGED ABUSE IS REPORTED

When a report of abuse is received, a team of professionals, including child and family services workers, the police and medical personnel, will deal with the case.

Since child abuse is a criminal offence, both the police and agency are involved in the investigation.

The Crown attorney, representing the province's justice system, also may be called in, to determine whether criminal charges should be laid against the abuser.

Each reported case is also reviewed regularly by a regional abuse committee to ensure proper investigation, assessment and treatment continue and that the child is safe. The findings of an investigation are shared by all professionals involved. This enables a team approach in developing the most effective, multifaceted intervention possible.

While a number of professionals may be involved in treating an abused child, under the **Child and Family Services Act** the local child and family services agency is legally responsible for ensuring that the child is safe from abuse and neglect.

The Manitoba government supports a multidisciplinary team approach, believing it is the best means of treating child abuse. This team approach can be effective only if we all assume a share of the responsibility. Because children are vulnerable, and because we as adults are in a position of trust, we all are responsible for protecting children from abuse.

Once an investigation has been completed, information on a child who has been abused and/or the person who has abused the child is forwarded to the provincial Director of Child and Family Services. Only specific information will be entered on the abuse registry:

a) if the child is found to be in need of protection based on abuse
b) the abuser is prosecuted under the Criminal Code, or
c) if a regional abuse committee based on medical and/or psychological findings, believes the matter to be an abuse situation.

Anyone being listed, as a result of a committee decision, will be notified and will have the right to appeal the action.

CHILD ABUSE REGISTRY

Manitoba first established a registry for child abuse in 1971. Under the previous Child Welfare Act and the current Child and Family Services Act (March, 1986), the registry's purpose has primarily been to ensure the protection of children by maintaining an index or list of abused children and their families wno had been investigated and reported by child and family services agencies.

In October, 1986, a comprehensive review of the registry was completed, with input from all concerned agencies and members of the community. The final report recommended a number of significant changes. In September, 1987, legislation became affective, establishing a new provincial abuse registry.

THE PURPOSE OF THE NEW CHILD ABUSE REGISTRY

The main purpose continues to emphasize helping child and family services agencies protect children by providing information essential in the investigation of a child abuse allegation. The registry provides a central record accessible primarily to agency workers who need to know if a child has previously been abused and whether an adult has been listed in the registry as an abuser.

The registry can now help agencies ensure that potential employees have no previous history of abuse, and that persons working in a position of trust with children such as foster parents, teachers, adoptive parents and day care workers, are not listed as abusers.

While the registry exists to ensure the protection of children, its procedures recognize the importance of ensuring that persons who may be listed as abusers have protection of their rights as well.

APPENDICES

Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection (Including Child Abuse)

These revised guidelines incorporate amendments made to The Child and Family Services Act (The Act) in June 1989. The amendments were necessary to clarify and strengthen child protection legislation.

The guidelines are intended to assist professional and lay persons in carrying out their responsibilities under The Act to protect children through early identification and reporting. They reflect a strong commitment by the Manitoba Government to ensure children are protected through effective delivery and coordination of services.

The Ministers of Family Services, Education and Training, Health and Justice, have jointly issued these guidelines in recognition of the need for a multi-disciplinary team approach to respond to child protection and child abuse. They explain obligations under The Act to report a child in need of protection and outline the steps to be followed by the various disciplines involved in the investigation and management of child protection and child abuse cases.

There are four parts to the guidelines:

- **Part I: Child Protection**
  Explains the meaning of "a child in need of protection" and the legal obligations to report a child in need of protection.
- **Part II: Child Abuse**
  Discusses abuse as a major protection issue and the reasons for children needing protection.
- **Part III: Abuse Investigations**
  Outlines procedures in the investigation of abuse cases.
- **Part IV: Disclosure**
  Explains requirements for disclosing information about a situation involving a child in need of protection.

It is our hope that these guidelines will ensure the needs of children in need of protection are met and, wherever possible, families can be kept together with the continued support of all involved.

Original dated at the City of Winnipeg, in the Province of Manitoba this fourth day of December, 1989.

Minister of Family Services

Minister of Education and Training

Minister of Health

Minister of Justice

Manitoba

PART I: Child Protection

In Manitoba it is everyone's legal obligation to protect children. This responsibility involves identifying and reporting a child who is or might be in need of protection.

1. Definition

Subsection 17(1) of The Child and Family Services Act defines a child in need of protection ... *where the life, health or emotional well-being of the child is endangered by the act or omission of a person.* The intent of the legislation is to ensure appropriate steps are taken to protect children in need of protection regardless of the circumstances.

2. Identifying A Child In Need Of Protection

Subsection 17(2) of The Act lists examples of situations where a child ought to be considered in need of protection. The list provides legal criteria to assist in identifying such children. The Act states a child is in need of protection where a child

(a) is without adequate care, supervision or control;

(b) is in the care, custody, control or charge of a person

(i) who is unable or unwilling to provide adequate care, supervision or control of the child, or

(ii) whose conduct endangers or might endanger the life, health, or emotional well-being of the child, or

(iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;

(c) is abused or is in danger of being abused;

(d) is beyond the control of a person who has the care, custody, control or charge of the child;

(e) is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;

(f) is subject to aggression or sexual harassment that endangers the life, health or emotional well-being of the child;

(g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child; or

(h) is the subject, or is about to become the subject of an unlawful adoption under section 63 or of an unlawful sale under section 84.

3. Reporting A Child In Need Of Protection

The Act also requires a person to report a child in need of protection to an agency or a parent or guardian. An agency means a child and family services agency. Subsection 18(1) of The Act states ... *where a person has information that leads the person reasonably to believe that a child is or might be in need of protection ..., the person shall forthwith report the information to an agency or to a parent or guardian of the child.* The key words in understanding the legal obligation to report are "reasonably to believe". The obligation to report is based on what a reasonable person ought to do in a given situation. While reporting a child in need of protection is mandatory, some discretion is required in deciding on whether or not the child is or reasonably might be in need of protection.

4. Duty Of Professionals

The duty to report applies even where the person has acquired the information through the discharge of professional duties or within a confidential relationship. Subsection 18(2) of The Act, however, excludes information shared between a lawyer and client.

5. Reporting To A Parent Or Guardian

This provision recognizes parents as the primary protectors of children for the vast majority of children in society. Often notifying a parent will ensure the protection of a child and no further action will be necessary.

6. Reporting To An Agency Only

There are situations, however, where a person must notify an agency only. The Act states:

18(1.1) where a person ...

(a) does not know the identity of the parent or guardian of the child;

(b) has information that leads the person reasonably to believe that the parent or guardian

(i) is responsible for causing the child to be in need of protection,or

(ii) is unable or unwilling to provide adequate protection to the child in the circumstances; or

(c) has information that leads the person reasonably to believe that the child is or might be suffering abuse; subsection (1) does not apply and the person shall forthwith report the information to an agency.

7. Continuing Responsibility

Subsection 18(1.1) of The Act also places a continuing obligation on a person to report a child in need of protection to an agency where, in the course of notifying a parent or guardian, the person finds the parent or guardian unable or unwilling to provide adequate protection to the child.

8. Informants Protected

Under section 18.1 of The Act, no action lies against a person for reporting a child in need of protection in good faith. Furthermore, the identity of the reporting person is not disclosed to the family of the child except as may be required in the course of a judicial proceeding.

PART II: Child Abuse

Child abuse is a grave and often self-perpetuating problem which knows no social barriers. It is a major cause for concern and reason for reporting a child in need of protection. Its significance is recognized in The Act through provisions which define abuse and set out special procedures for reporting, investigating and managing cases of suspected or alleged abuse.

1. Definition

Under section 1 of The Act "abuse" means *an act or omission of a parent or guardian of a child or of a person having care, custody, control or charge of a child, where the act or omission results in*

(a) physical injury to the child;

(b) emotional disability of a permanent nature in the child or is likely to result in such a disability; or

(c) sexual exploitation of the child with or without the child's consent;

2. Legislative Intent

Abuse is limited to an act or omission by a person who has the "care, custody, control or charge of a child". The focus is on situations involving a parent, guardian, teacher, babysitter, day care worker, coach, group leader or anyone in a position of trust with the child.

3. Identifying Child Abuse

The Act refers to three conditions or types of abuse - physical injury, emotional disability of a permanent nature and sexual exploitation with or without a child's consent. Where one or more of these conditions exists as a result of an act or omission of a parent, guardian or other care provider, the child ought to be considered as suffering abuse and the matter must be reported to an agency. Abuse involves both factors - the condition of the child and an act or omission of a care provider.

4. Reporting Child Abuse

Subsection 18(1.1) of The Act requires a person to report a child who is abused or is in danger of being abused to an agency. Once the situation is reported, the agency is responsible for taking action to protect the child, contacting the police, arranging a medical examination and informing the parent or guardian.

5. Indicators Of Abuse

Professionals and lay persons involved in working with or caring for children are encouraged to learn about the physical and behavioural indicators of abuse. These indicators are listed in the child abuse protocols published by the province in cooperation with medical practitioners, nurses, teachers and others. The protocols include indicators for physical, sexual and emotional abuse.

6. Past Abuse

The phrase "is abused" applies to the past as well as the present. Abuse that may have occurred in the past is reported to an agency where the person having this information reasonably believes the child is currently in need of protection.

7. Aggression And Sexual Harassment

Physical injury or sexual exploitation of a child caused by a person who does not have the care, custody, control or charge of the child is not abuse. Nevertheless, a child might be in need of protection as a result of the actions of a "third party". Reporting an incident to an agency is not necessary unless subsection 18(1.1) of The Act applies (see No. 5 under Child Protection above). Where an agency is not notified, a parent or guardian must be informed where a person reasonably believes a child is in need of protection. The police may also be contacted where the reporting person believes an offence has been committed under the Criminal Code.

8. Reporting Criteria

Clause 17(2)(f) of The Act refers to aggression or sexual harassment that endangers the life, health or emotional well-being of a child. Factors which may be considered in deciding whether to report include:

Aggression:

- age discrepancy
- size discrepancy
- persistence
- use of weapons
- severity

Sexual Harassment:

- age discrepancy
- use of violence
- persistence
- severity

These criteria are explained in more detail in Manitoba's professional protocols on child abuse.

PART III: Abuse Investigations

Child abuse investigations require close collaboration by all those involved. Although agencies have the primary responsibility under The Act, the police and medical facilities are also involved in the investigation of physical and sexual abuse cases. To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation and treatment process.

1. Agency Investigations

The Act requires an agency to immediately investigate a report that a child is or reasonably might be in need of protection. In addition, where an agency receives a report of suspected or alleged physical or sexual abuse, Manitoba Regulation 60/86 states:

3(2) On receipt of a report or referral of suspected or alleged abuse which may have resulted in physical injury to or sexual exploitation of a child, an agency shall

(a) where there is a preliminary opinion that serious physical injury or sexual exploitation of the child has occurred, immediately arrange for a medical examination of the child allegedly abused and, where believed necessary, any other child in the family, by a duly qualified medical practitioner or at a medical child abuse facility;

(b) consult immediately with the local police as to the particulars of the case; and

(c) continue the confidential and mutual sharing of all relevant information with the police, medical and hospital professionals, and other agencies or professionals involved in the investigation and treatment of the case, to ensure the best course of action is taken.

2. Police Investigations

Where the police receive information of suspected or alleged physical or sexual abuse, they shall immediately report the situation to and consult with an agency. They are also expected to review the case and, where deemed necessary, carry out an investigation to determine whether an offence may have been committed under the Criminal Code or the Child and Family Services Act. The police may refer the matter to the Crown Attorney for consultation or the laying of a charge.

3. Medical Examinations

Where a medical practitioner or other health care professional receives information of suspected or alleged abuse or, on examination of a child, suspects physical or sexual abuse, the practitioner or health care professional shall immediately report the incident to and consult with an agency and the local police. They are also expected to ensure diagnostic tests necessary to confirm the abuse are carried out.

4. Medical Consultation

The medical practitioner is responsible for detecting and confirming whether abuse has occurred through accurate diagnosis done as expeditiously as possible. This responsibility applies to all types of abuse - physical, sexual and emotional. Where necessary for an accurate diagnostic workup, the medical practitioner is able to consult with or refer a child to the Child Protection Centre, Children's Hospital or to another recognized medical child abuse unit.

5. Emotional Abuse

While suspected or alleged emotional abuse may not require police intervention or medical corroboration, an agency may need to collaborate with the police, medical facilities and others in gathering evidence to establish a serious and persistent pattern of abuse likely to cause emotional disability of a permanent nature.

6. Agency Child Abuse Committees

The Act and regulations set out specific procedures to be followed in the management of child abuse cases. Subsection 19(1) of The Act requires agencies to establish child abuse committees to review cases of child abuse. Manitoba Regulation 227/87 prescribes the composition of agency committees as follows:

3.1(2) ... every committee shall consist of the following persons:

(a) the agency child abuse coordinator or alternate;

(b) a duly qualified medical practitioner employed, retained or consulted by the agency to review agency child abuse cases;

(c) a representative of the local police;

(d) a teacher or other representative of the local school division operating within the agency boundaries; and

(e) an agency board member or agency staff member other than the child abuse coordinator or alternate.

PART IV: Disclosure

1. Reporting Of Conclusions

Conclusions refer to what action was taken, not to the sharing of detailed findings or of confidential information to persons who do not need to know such information. Where an agency concludes that a child is in need of protection, the agency is required to disclose the results except where a criminal investigation is pending. The Act states:

18.4(2) ... where an agency concludes, after an investigation ... that a child is in need of protection, the agency shall report its conclusions

(a) to the parent or guardian of the child;

(b) where there is no parent or guardian of the child, a person having full-time custody or charge of the child;

(c) to the person, if any, who is identified by the investigation as the person who caused the child to be in need of protection;

(d) in the case of a person under clause (c) whose employment

(i) involves the care, custody, control or charge of children, or

(ii) permits unsupervised access to children,

to the employer or to the manager or supervisor at the place of employment;

(e) where the child attends school, to the principal of the school or the superintendent of the school division in which the school is located;

(f) to the child where, in the opinion of the agency, the child is capable of understanding the information and disclosure to the child is in the best interests of the child; and

(g) to the person who reported the information that gave rise to the investigation, except where disclosure is not in the best interests of the child.

2. Restrictions On Disclosure

Subsection 18.4(3) of The Act states an agency is not to report its conclusions where a criminal investigation is pending. This provision requires an agency to consult with the police before disclosing information. The intent is to avoid creating difficulties for the police in any criminal investigation.

3. Confidentiality

Subsection 76(3) states a record made under The Act is confidential. No person shall disclose or communicate information from the record except as provided for in The Act. Information may be shared to protect a child.

4. Reporting Of Professionals

Where a person's employment involves the care and supervision of children, and that person may have caused a child to be in need of protection or failed to report a child in need of protection, an agency shall report the name of the person to the Director of Child and Family Services. This may occur prior to the completion of an investigation. Under subsection 18.2(1) of The Act, the director may report the person to a professional society or association or regulatory organization of which the person is a member where the director has reasonable grounds to believe the person has caused a child to be in need of protection or has failed to report a child in need of protection.

5. Professional Organizations To Investigate

A professional organization or association or regulatory body, on receiving a report from the director (see No. 2 above), is required under subsection 18.2(2) of The Act to investigate the matter for the purpose of determining whether the professional status of the person ought to be reviewed or disciplinary proceedings commenced against the person.

6. Reporting Of Charge

Where a person's employment involves the care of or unsupervised access to children, and that person is charged with an offence under the Criminal Code or The Child and Family Services Act, the police are required under subsection 18.4(4) of The Act to immediately advise the person's employer that the accused person has been charged. No information is shared other than the fact of the charge. The employer is responsible for discussing the matter with the accused person and for taking appropriate action.

7. Provincial Child Abuse Registry

The Director of Child and Family Services is required by the Act to maintain a child abuse registry. Its main purpose is to help agencies protect children. Agencies must report to the Director for entry in the registry only after an investigation has been completed and the strict requirements of the Act are met. The names of an abused child or an abuser can be entered only where there has been a conviction, where the child has been found in need of protection on the basis of abuse or where a recommendation of an agency abuse committee has been received by the Director. Where entry on the registry is recommended by agency abuse committee, persons to be listed have a right to be notified and to object to the listing. Access to and removal of names on the registry is prescribed by legislation.

APPENDIX B

RESOURCE LIST

Child and Family Services of Winnipeg West
(St. James, Assiniboia, Headingley, Charleswood)
2367 Ness Avenue
Winnipeg R3J 1A5
Telephone: 945-5120 (*944-4437)

Sub-Offices

Charleswood
3692 Roblin Boulevard
Winnipeg R3R 0E1
Telephone: 945-5231 (*944-4495)

St. James/Assiniboia
2393A Ness Avenue
Winnipeg R3J 1A5
Telephone: 945-5227 (*944-4475)

EMERGENCY AFTER-HOURS 945-5227 (*944-4475)

Winnipeg South Child and Family Services
(Fort Rouge, Fort Garry, Fort Richmond, St. Norbert, River Heights, Tuxedo)
897 Corydon Avenue
Winnipeg R3M 0W7
Telephone: 945-5160 (*944-4360)

Sub-Offices

Crescentwood/River Heights/Tuxedo
199-897 Corydon Avenue
Winnipeg R3M 0W7
Telephone: 945-5169 (*944-4381)

Fort Garry
100-1844 Pembina Highway
Winnipeg R3T 4J5
Telephone: 945-5165 (*944-4414)

Fort Rouge
107A Pulford St.
Winnipeg R3L 0N5
Telephone: 945-5167 (*944-4398)

EMERGENCY AFTER-HOURS 944-4050

Child and Family Services of Eastern Manitoba
(St. Boniface, St. Vital, Southeastern Manitoba)
123B Marion Street
Winnipeg R2H 0T3
Telephone: 233-8931

Urban Resource Centres

St. Boniface/Norwood
111 Horace Street
Winnipeg R2H 0V8
Telephone: 945-5157 (*944-4268)

St. Vital (East)
490A St. Anne's Road
Winnipeg R2M 3E1
Telephone: 945-5152 (*944-4286)

St. Vital (West)
1113 St. Mary's Road
Winnipeg R2M 3T7
Telephone: 945-5155 (*944-4276)

Windsor Park/Southdale
906 Cottonwood Road
Winnipeg R2J 1G3
Telephone: 945-5159 (*944-4267)

*New telephone number effective June 21, 1988.

Rural Resource Centres

Brokenhead River Resource Centre
511 Park Avenue
Box 631
Beausejour R0E 0C0
Telephone: 268-1571

Springfield/Tache Resource Centre
567 Main Street
Box 42
Oakbank R0E 1J0
Telephone: 444-2334

St. Pierre/St. Jean Resource Centre
2-477 Turenne Street
Box 381
St. Pierre Jolys R0A 1V0
Telephone: 433-7254

Steinbach Resource Centre
205-323 Main Street
Box 2350
Steinbach R0A 2A0
Telephone: 326-9885

Northwest Child and Family Services Agency
(North End, West Kildonan, Maples, West St. Paul, Brocklands)
1386 Main Street
Winnipeg R2W 3V1
Telephone: 945-5130 (*944-4000)

Sub-Offices

Selkirk/Andrews Team
380 Selkirk Avenue
Winnipeg R2W 2M3
Telephone: 945-5132 (*944-4051)

Selkirk/Andrews Team
220 Andrews Street
Winnipeg R2W 4T1
Telephone: 945-5135 (*944-4071)

Tyndall Park Team
850 Keewatin Street
Winnipeg R2R 0Z5
Telephone: 945-5137 (*944-4097)

St. John's Team
1386 Main Street
Winnipeg R2W 3B1
Telephone: 945-5130 (*944-4000)

Seven Oaks Team
2188 McPhillips Street
Winnipeg R2P 0N1
Telephone: 945-5139 (*944-4118)

EMERGENCY AFTER-HOURS 945-5050 (*944-4050)

Northeast Winnipeg Family and Child Extended Social Services
(Elmwood, East Kildonan, Transcona, North Kildonan, East St. Paul)
203-1100 Concordia Avenue
Winnipeg R2K 4B8
Telephone: 945-5140 (*944-4295)

Neighborhood Resource Teams

Elmwood Family Resource Centre
206 Watt Street
Winnipeg R2L 2B3
Telephone: 945-5145 (*944-4323)

Kildonans Family Resource Centre
1103 Henderson Highway
Winnipeg R2G 1L4
Telephone: 945-5142 (*944-4309)

Transcona Family Resource Centre
549 Regent Avenue West
Winnipeg R2C 1R9
Telephone: 945-5147 (*944-4335)

*New telephone number effective June 21, 1988

Child and Family Services of Central Winnipeg
(Downtown, part of West End, Wolseley, Weston)
Administrative Offices
1st Floor - 294 William Avenue
Winnipeg R3B 0R1
Telephone: 945-5110 (*944-4200)

Neighborhood Resource Teams

Logan Team
425 Elgin Avenue
Winnipeg R3A 0K8
Telephone: 945-5215 (*944-4190)

Sargent Park Team
819 Sargent Avenue
Winnipeg R3E 0B9
Telephone: 945-5221 (*944-4230)

EMERGENCY AFTER-HOURS 945-5050 (*944-4050)

Redboine Team
583 Ellice Avenue
Winnipeg R3B 1Z7
Telephone: 945-5218 (*944-4210)

Wolseley Team
640 Broadway
Winnipeg R3C 0X3
Telephone: 945-5224 (*944-4170)

Jewish Child and Family Service
2055 McPhillips Street
Winnipeg R2V 3C6
Telephone: 338-0358

Ma Mawi Wi Chi Itata Centre Inc.
531 Notre Dame Avenue
Winnipeg R3B 1S2
Telephone: 774-6531

CHILD AND FAMILY SERVICES AGENCIES OUTSIDE WINNIPEG

Child and Family Services of Central Manitoba
25-3rd Street Southeast
Portage la Prairie R1N 1N1
Telephone: 857-8751 (including after hours)

Sub-Offices

Altona Office
Public Health Offices
Altona R0G 0B0
Telephone: 324-1334

Carman Resource Centre
Carman R0G 0J0
Telephone: 745-6405

Treherne Office
Treherne R0G 2V0
Telephone: 723-2170

Amaranth Resource Centre
Amaranth R0H 0B0
Telephone: 843-2816
Amaranth School: 843-2259

Morden Resource Centre
278 Stephen Street
Morden R0G 1J0
Telephone: 822-6247

Winkler Family Violence Centre
2nd Floor - 285 Mountain Avenue
Winkler R0G 2X0
Telephone: 325-4889

*New telephone number effective June 21, 1988.

Child and Family Services of Western Manitoba
340-9th Street
Brandon R7A 6C2
Telephone: 726-6030
Toll Free: 1-800-572-1040

EMERGENCY AFTER-HOURS 728-7110

Sub-Offices

Killarney Health Unit
Killarney R0K 1G0
Telephone: 523-4661

Pilot Mound Health Unit
Pilot Mound R0G 1P0
Telephone: 825-2466

Virden Health Unit
Virden R0M 2C0
Telephone: 745-2321

Minnedosa Health Unit
Minnedosa R0J 1E0
Telephone: 867-3817 or 867-2219

Russell Health Unit
Russell R0J 1W0
Telephone: 773-3941

MANITOBA COMMUNITY SERVICES OFFICES OFFERING CHILD AND FAMILY SERVICES

Thompson Region
Thompson General Hospital
871 Thompson Drive South
Thompson R8N 0C8
Telephone: 778-7371

District Offices

Churchill Health Centre
Churchill R0B 0E0
Telephone: 675-8881

Lynn Lake
Box 1030
Lynn Lake R0B 0W0
Telephone: 356-2451

Gillam
Box 99
Gillam R0B 0L0
Telephone: 652-2636

Norway House
Norway House R0B 1B0
Telephone: 359-6328

Norman Region
3rd and Ross Avenue
Box 2550
The Pas R8A 1K5
Telephone: 623-6411

District Office

Flin Flon
Box 550
50 Church Street
Flin Flon R8A 1K5
Telephone: 687-3457

Parklands Region
15 First Avenue Southwest
Dauphin R7N 1R9
Telephone: 638-7024

Sub-Offices

Ebb & Flow
Box 486
Ste. Rose du Lac R0L 1S0
Telephone: 448-2229

Ste. Rose du Lac
Municipal Building
Box 293
Ste. Rose du Lac R0L 1S0
Telephone: 447-2010

Roblin District Health Centre
15 Hospital Street
Roblin R0L 1P0
Telephone: 937-2151

District Offices

Swan River
Box 997
Swan River R0L 1Z0
Telephone: 734-3436

Camperville
Box 165
Camperville R0L 0J0
Telephone: 524-2169

Sub-Offices

Birch River
Box 28
Birch River R0L 0E0
Telephone: 236-4321

Duck Bay
Box 58
Duck River R0L 0N0
Telephone: 524-2176

Interlake Region
446 Main Street
Selkirk R1A 1V7
Telephone: 482-4511

District Offices

Ashern
Box 310
Ashern R0C 0E0
Telephone: 768-2585

Gimli
Box 1290
Gimli R0C 1B0
Telephone: 642-5173

Stonewall
Third Street West
Stonewall R0C 2Z0
Telephone: 467-5535

Eastman Region
20 First Street South
Beausejour R0E 0C0
Telephone: 268-1411

District Offices

Pine Falls
Box 548
Pine Falls R0E 1M0
Telephone: 367-2224

Sprague
Box 11
Sprague R0A 1Z0
Telephone: 437-2330

Steinbach
Box 2560
Steinbach R0A 2A0
Telephone: 326-1363

Ste. Anne
Box 77
Ste. Anne R0A 1R0
Telephone: 422-8817

St. Pierre Jolys
Box 88
St. Pierre Jolys R0A 1V0
Telephone: 433-7636

Whitemouth Health Unit
Box 152
Whitemouth R0E 2G0
Telephone: 348-2659

Eastman Region has mandated responsibility for child welfare services provided by Sagkeeng Child and Family Services

Sagkeeng Child and Family Services
Fort Alexander Reserve
Pine Falls R0E 1L0
Telephone: 367-2215 or
367-2216

INDIAN AGENCIES

Southeast Child and Family Services
511 Ellice Avenue
Winnipeg R3B 1Y8
Telephone: 477-6050

Sub-Offices

Berens River Band
Berens River R0B 0A0
Telephone: 382-2161

Bloodvein Band
Bloodvein R0C 0J0
Telephone: 276-2148

Brokenhead Band
Scanterbury R0E 1W0
Telephone: 766-2494

Hollow Water Band
Wanipigow R0E 2E0
Telephone: 363-7278, 363-7302
363-7215, 363-7336

Little Black River Band
O'Hanly P.O. R0E 1K0
Telephone: 367-4411

Little Grand Rapids Band
Little Grand Rapids R0B 0V0
Telephone: 397-2383

Pauingassi Settlement
Box 2500
Pine Falls R0E 1M0
Telephone: 397-2371

Poplar River Band
Negginan R0B 0Z0
Telephone: 244-2267

Anishinaabe Child and Family Services Inc.
P.O. Box 580
Ashern R0C 0E0
Telephone: 659-4546

Winnipeg Office
318 Smith Street
Winnipeg R3B 2H1
Telephone: 942-0788

Sub-Offices

Dakota Tipi Band
Box 841
Portage la Prairie R1N 3C3
Telephone: 239-5041 or
857-4381

Dauphin River Band
Gypsumville R0C 1J0
Telephone: 659-5370

Fairford Band
Fairford R0C 0X0
Telephone: 659-5705

Fisher River Band
Koostatak R0C 1S0
Telephone: 645-2171

Jackhead Band
Dallas R0C 0S0
Telephone: 276-2366

Lake Manitoba Band
Vogar R0C 3C0
Telephone: 768-2866

Lake St. Martin Band
Gypsumville R0C 1J0
Telephone: 659-4539

Peguis Band
Hodgson R0C 1N0
Telephone: 645-2051

Little Saskatchewan Band
St. Martin R0C 2T0
Telephone: 659-4584

West Region Child and Family Services
38-1st Avenue Northwest
Dauphin R7N 1G7
Telephone: 638-6941

Sub-Offices

Crane River Band
Crane River R0L 0M0
Telephone: 732-2490

Gambler Band
P.O. Box 293
Binscarth R0J 0G0
Telephone: 532-2464

Pine Creek Band
P.O. Box 70
Camperville R0L 0J0
Telephone: 524-2478

Valley River Band
Roblin R0L 1P0
Telephone: 546-3334

Ebb & Flow Band
Ebb & Flow R0L 0R0
Telephone: 448-2134

Rolling River Band
P.O. Box 145
Erickson R0J 0P0
Telephone: 636-2211

Waterhen Band
Skownan R0L 1Y0
Telephone: 628-3373

Waywayseecappo Band
P.O. Box 340
Rossburn R0J 1V0
Telephone: 859-2879

Dakota Ojibway Child and Family Services
702 Douglas Street
Box 322
Brandon R7A 5Z2
Telephone: 725-3560
(after hours 727-0474, pager 123)

Sub-Offices

Birdtail Sioux Band
P.O. Box 75
Beulah R0M 0B0
Telephone: 568-4540

Long Plain Band
General Delivery
Edwin R0H 0G0
Telephone: 857-7706

Roseau River Band
P.O. Box 30
Ginew R0A 2R0
Telephone: 427-2139

Sioux Valley Band
P.O. Box 99
Griswold R0M 0S0
Telephone: 855-2671

Dakota Plains Band
General Delivery
Edwin R0H 0G0
Telephone: 252-2288

Oak Lake Sioux Band
P.O. Box 146
Pipestone R0M 1T0
Telephone: 854-2959

Sandy Bay Band
General Delivery
Marius R0M 0T0
Telephone: 843-2462

Swan Lake Band
P.O. Box 42
Swan Lake R0G 2S0
Telephone: 836-2101

Awasis Agency of Northern Manitoba
CENTRAL OFFICE:
North Centre Mall
3 Station Road
Thompson R8N 0N3
Telephone: 778-4401

Sub-Offices

Island Lake
Garden Hill R0B 0T0
Telephone: 456-2015

The Pas
Otineka Mall
P.O. Box 3910
The Pas R7A 1S5
Telephone: 623-7456

Winnipeg Office
301-280 Smith Street
Winnipeg R3C 1K2
Telephone: 943-3335